Health Emergency Operations

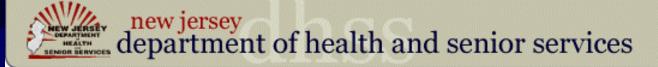
"a shift in the paradigm"

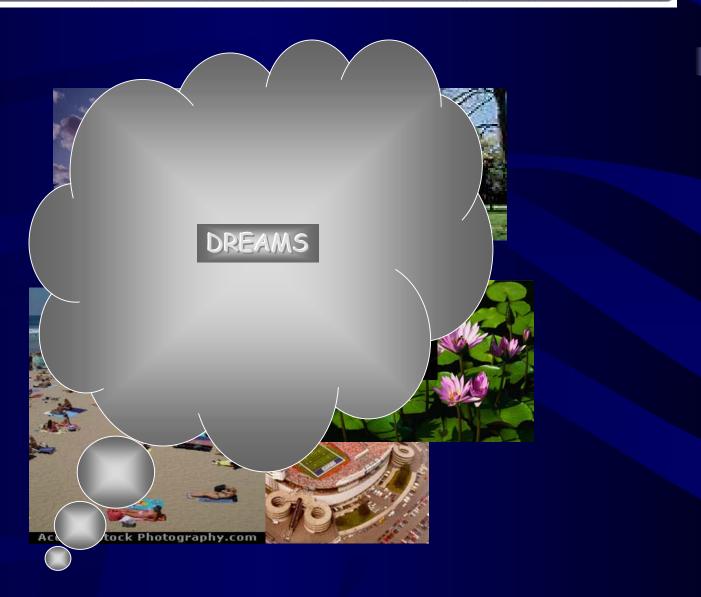
Right to Know

Right to know what I think about at night

Right to know what would happen in the event of a WMD incident

Right to know how the state is preparing and would respond









The Paradigm Shift in Health Emergency Operations

- Bio to all hazards
- Health Department to Joint Operations
- Local to Regional
- State to Multi-state/Federal

The public health system has re-emerged as a keystone in the preparedness efforts for and the response to all emergencies and mass casualty incidents

Why the Change?

- •WMD, and the threat of WMD, is a reality
- •Public Health, even when well prepared, is reactive, not preventative
- •The means, location, time, and magnitude of any WMD event are unpredictable
- •A mass casualty incident may be accidental or a result of nature
- •The public rightfully expects and demands effective preparedness and response

Why Now?

- •The new world order is in disorder
- •America is at war and a part of the battlefield is the continental U.S.
- Asymmetry in international warfare
- •The rules of war are ignored by stateless organizations
- We are susceptible to WMD
- Public is more aware

The Basis for the Phoenix Effect

"rising from the ashes"

- •Threat and response are not equal (health is a force multiplier)
- Threats are continually emerging and developing
- Cost
- Capabilities
- Years of neglect of the Public Health System
- Years of deterioration of relations with other agencies
- •Whether natural or man-induced, every disaster touches a component of health

The Reason for Bad Dreams

Many health system components required for the efficacious response to a public health emergency or mass casualty incident are in early stages of planning and development

Challenges

Bio vs. Chem vs. Dirty Bomb vs. Explosive vs. Natural Disaster

- Existing disease
- Emerging diseases
- Existing threats
- Emerging threats
- •What is the threshold (flu/HIV/TB)
- •Public opinion vs. actual threat

What Might Happen

Acute Event:

Hard hitting

Immediate impact

Shock and awe

Majority of casualties/minimal time

Trauma to health system

Response/reaction based on planning

- Chemical attack
- Explosive event
- Tornado

Chronic Event:

Slow moving

Gradual increasing impact

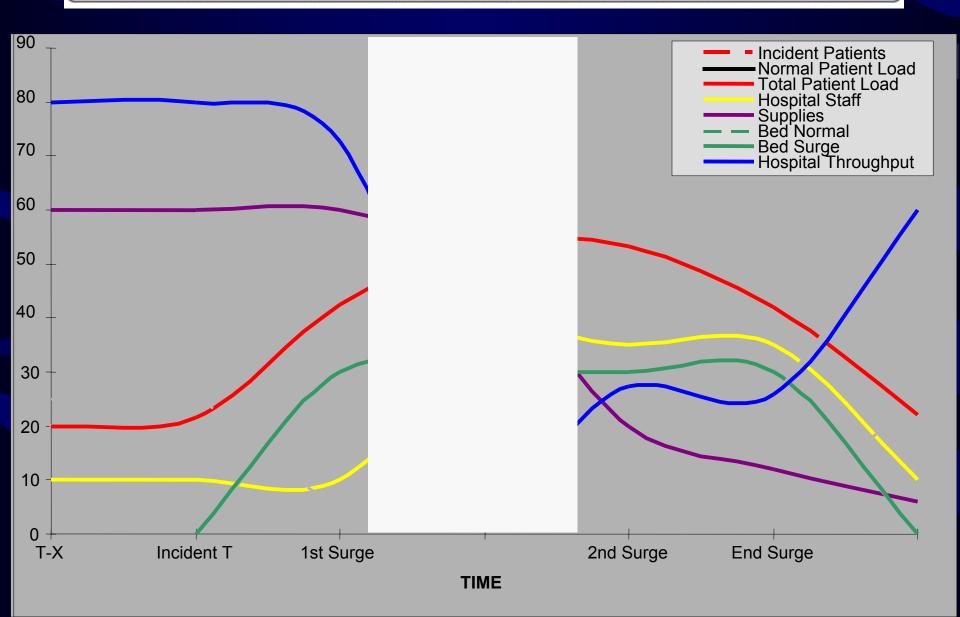
Increasing effect

Exponential increasing casualties

Surprise health system

Response/reaction based on planning and adaptation

- Biological attack
- Radiological release
- Flooding



Adapting to the New Paradigm

The New Jersey Factor

National

Transportation corridor for rail and road

Ports and Airports

Philadelphia and New York City

Critical National Industries

Agriculture

Atlantic City

Nuclear Power Plants

New Jersey

Petro-Chemical Plants

Pharmaceutical Industry

Agriculture

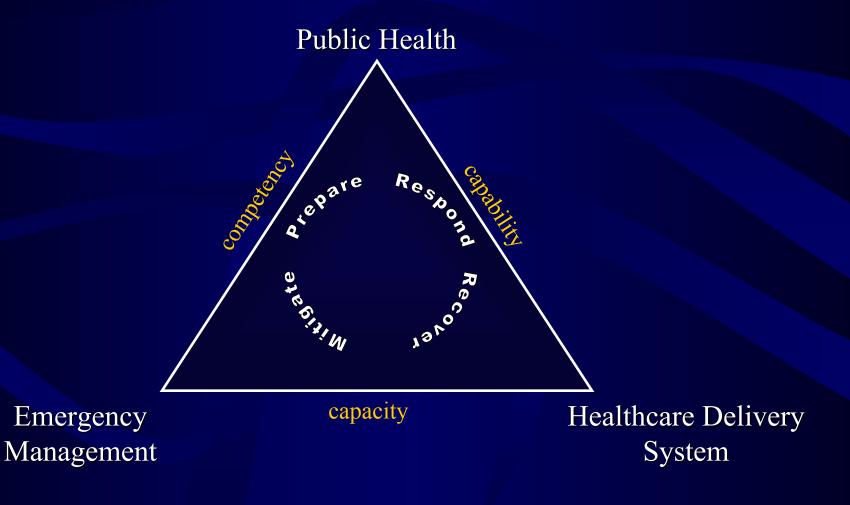
Tourism

Commissioner's Guidance

I direct the Department of Health and Senior Services (DHSS), as New Jersey's lead agency for all health related issues, to provide the State with leadership, direction and coordination in the preparedness for, and response to all public health emergencies or disasters.

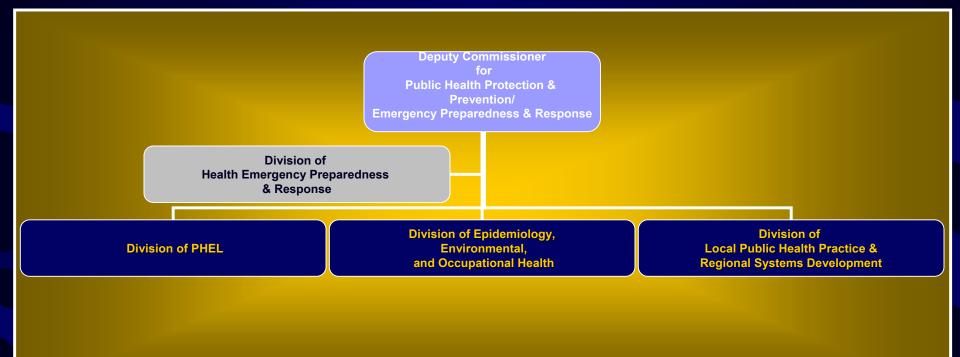


The Health Emergency Preparedness and Response Triad



Department of Health and Senior Services (DHSS) Emergency Preparedness and Response Mission

The New Jersey Department of Health and Senior Services provides strategic and operational leadership and direction, coordination, provision of services, and assessment of activities to ensure state and local readiness, interagency/multidisciplinary collaboration, preparedness for terrorism and other outbreaks of infectious disease, natural disasters, and other public health threats and emergencies.



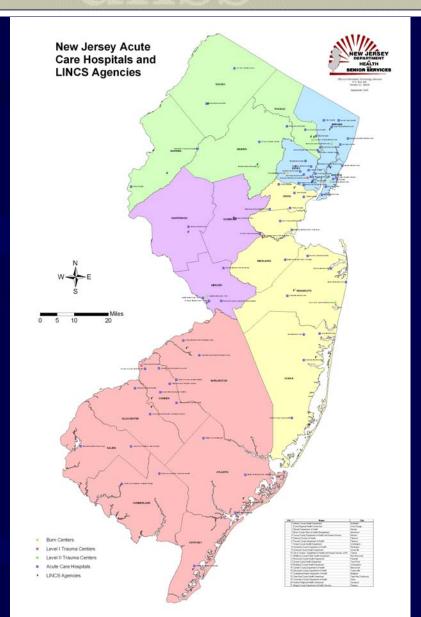
<u>Focus</u>

- Situational awareness
- Tempo Control
- Passive and Active Architectures (Push and Pull)
- Systems
- Redundancy
- •Targeted capabilities (SSS, Education/Training, Equipment, People)

Regionalization

The division of the State into geographic sub-areas, and corresponding application of the Emergency Preparedness and Response Triad within these sub-areas through DHSS Regional Teams, in order to most effectively prepare for and respond to public health emergencies and disasters.

new jersey headyn department of health and senior services

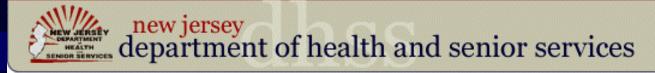


NJDHSS Role

- •Leadership role in forming a state public health system
- •Guidance for public health, multi-hospital and health system operations
- Funding for key programs
- Exercise and training opportunities
- Opening of lines of communication

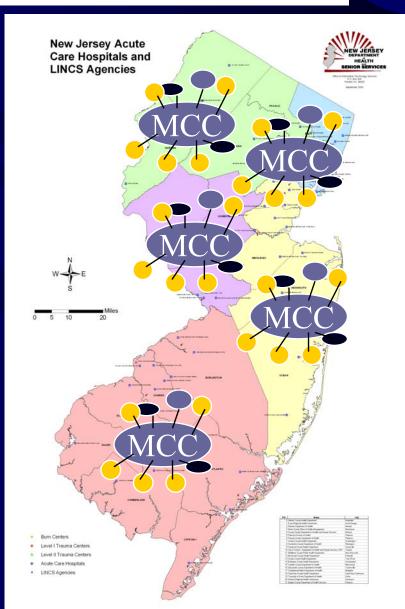
The Healthcare System

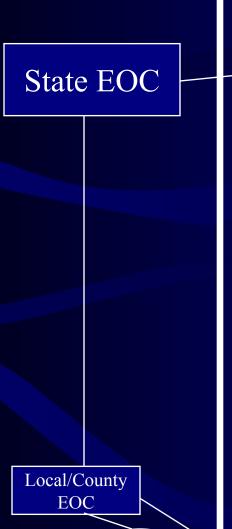
- Hospitals
- •FQHCs (Primary Care)
- •LTC
- •EMS
- •Independent Practitioners
- •Labs



Medical Coordination Centers (MCCs) Healthcare Delivery Component of the Triad

- Backbone of the Health Response Network
- Mirror of DHSS ECC
- Augmented by HACC
- A tool for the State EOC
- •A means for inter- and intra- regional coordination



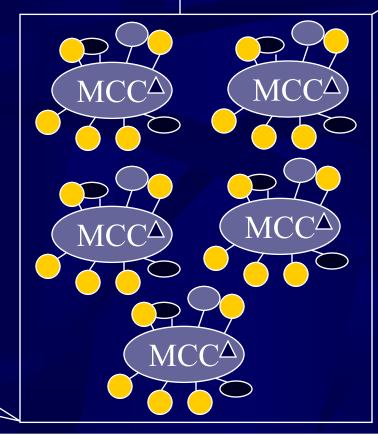


Incident

Commander

NJDHSS HECC

Support HECC (NJHA,BENS,Associations,VA)



New Jersey
Health Emergency
Response Network



Regional Medical Coordination Center



Hospital



State Regional Team



FQHC



Other Health Organizations

Public Health System

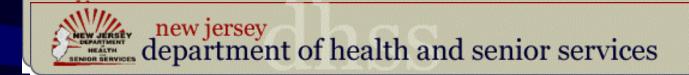
22 LINCS Agencies

Planners
Nurses
Epi
LINCS Coordinators

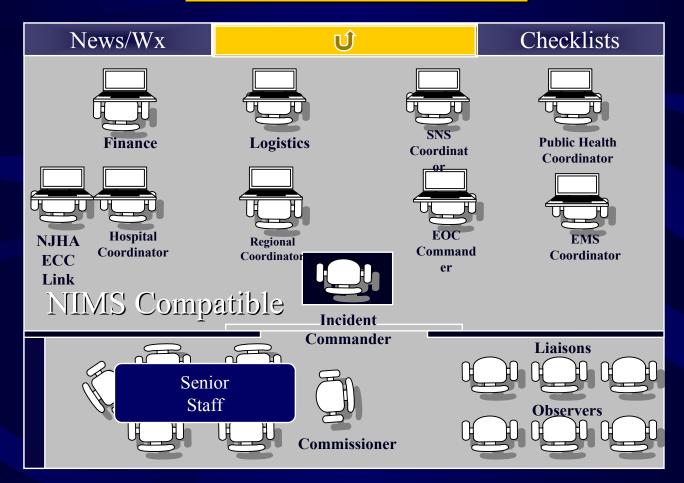
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Public Health & Environmental Lab

Health Alert Network (HAN)

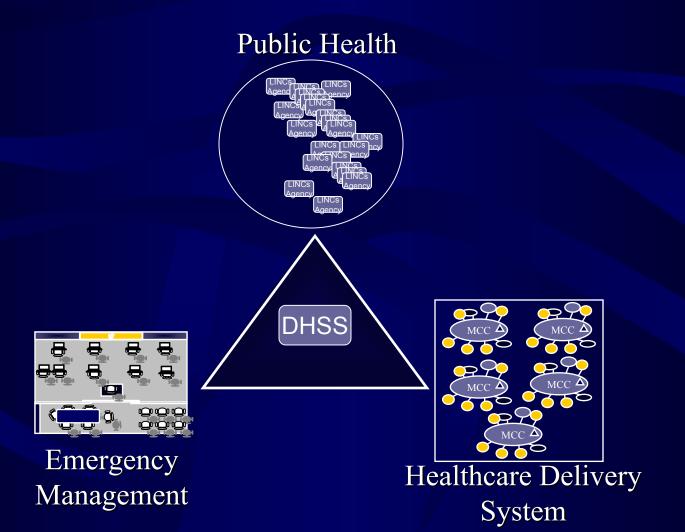


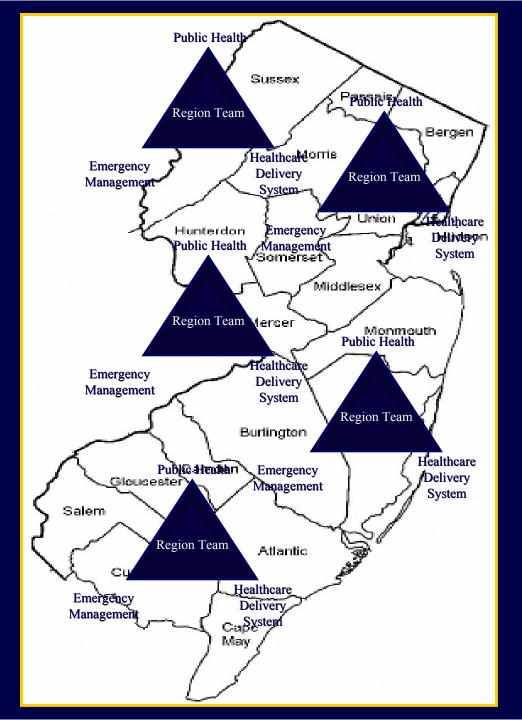
Emergency Management





The Health Emergency Preparedness and Response Triad

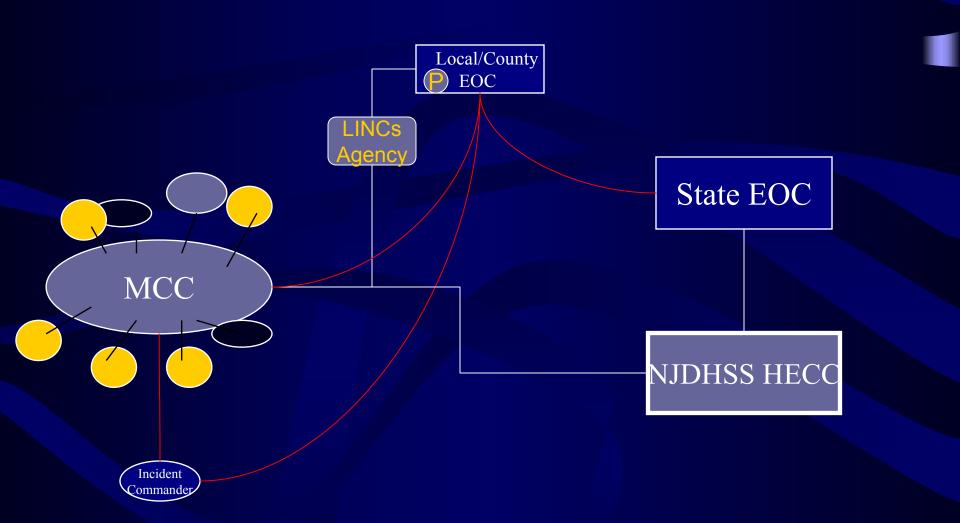




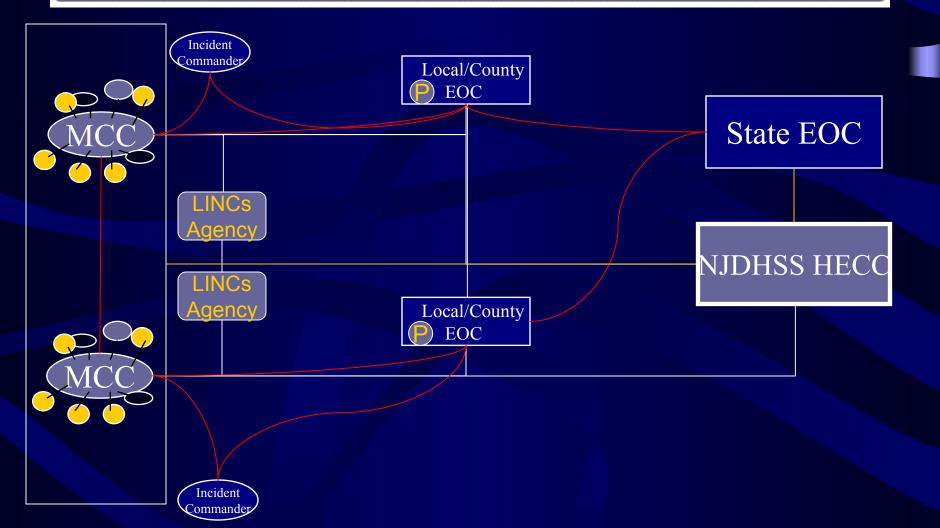


Regional Coordination Team

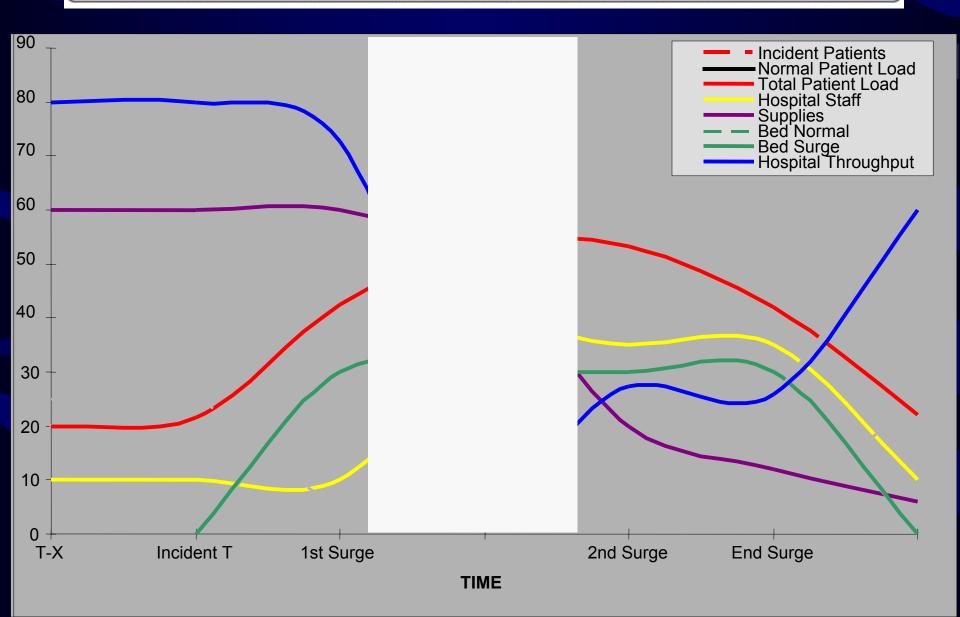
- •Regional Coordinator
- •Health System Liaison
- •EMS Liaison
- •PH Planner
- Exercise Coordinator
- •OEM Liaison
- •Lab Liaison
- County Epi

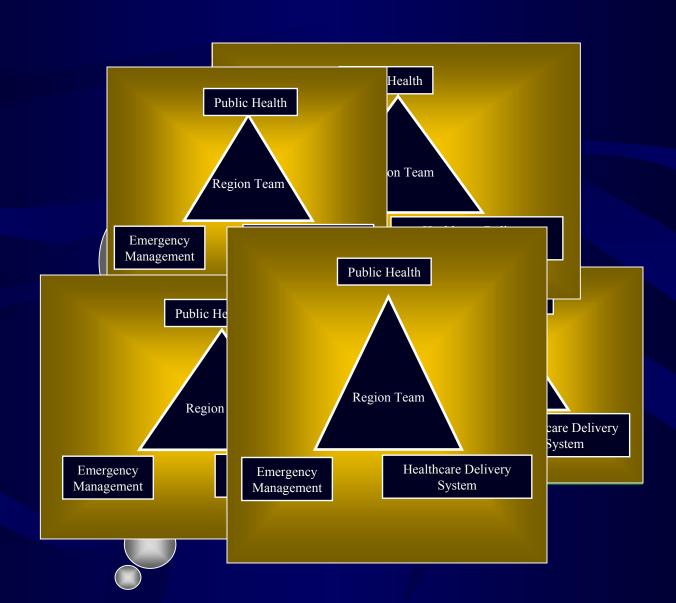


Emergency Managers have a single portal of entry for Health System Information & Response The Health System has multiple sources of information



Emergency Managers have a single portal of entry for Health System Information & Response





QUESTIONS & COMMENTS